# GAS SAFETY CERTIFICATE

This form can be used as a Landlord's gas safety certificate

Page 2 of 3 Ser No. 049915

198324 Enter Company Registration Number

Engineer [redacted]

Gas Safe [redacted]

Engie Office Address 14A ENGINEERS AND 3 HOSTELS SIO 3EA

Contract Number SHORE COUNT FLATS

Customer Name

Site Address SHORE LANE SHEFFIELD

Postcode S10 3BW

Received By ON CALL Signature

Landlords Details If Different

Name

Address

Postcode

Rented Accommodation YES/NO

| App | Landlords appliance Yes/No | Service Inspection Repair | Appliance Details | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Location | Type | Model | Serial Number | Burner Manufacturer | Flue Type (OF/RS/FL) |
| 1 | YES | SERVICE | PLANT ROOM | WATER HEATER 1 -26kW | CWH 60/200 | 1734008911 | ANDREWS | CS |
| 2 | YES | SERVICE | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |

| General Safety Checks | Result | General Safety Checks | Result |
|---|---|---|---|
| Gas booster/compressor operating correctly (Yes /No/NA) | NA | Flue termination satisfactory (Yes/No/NA) | YES |
| Is there a current gas installation line diagram at primary meter (Yes/No/NA) | YES | Has a tightness test been carried out from local isolation valve (Yes/No/NA) | YES |
| Is the meter installation correct (Yes/No) | YES | Is gas pipework electrically bonded (Yes/No) | YES |
| Gas installation pipework adequately supported (Yes/No) | YES | Are adequate emergency isolation valves fitted (Yes/No) | YES |
| Gas installation pipework sleeved and sealed as appropriate (Yes/No) | YES | Are emergency valve handles in place and labelled (Yes/No) | YES |
| Is gas pipework colour coded or identified (Yes/No/NA) | YES | Do valves fail to the correct position (Yes/No) | YES |
| Is flue system installed in accordance with standards (Yes/No) | YES | Area clear of combustible materials (Yes/No) | YES |

| Ventilation | | | |
|---|---|---|---|
| Low level free area cm² ~~or ventilation flow rate (m³/h)~~ | Actual 2352 | Required (Calculated) | CS |
| High level free area cm² ~~or ventilation flow rate (m³/h)~~ | Actual 2688 | Required (Calculated) | CS |
| All ventilation grills clear and unobstructed (Yes/No) YES | Fans and/or flue interlocks operating correctly (Yes/No/NA) | NA | |

| Details of any faults | Remedial Action Taken | Comments and calculations |
|---|---|---|
| | | |
| | | |
| | | |

| Appliance Checks | ~~App 1 or~~ App 1 High | ~~App 2 or~~ App 1 Low | ~~App 3 or~~ App 2 High | ~~App 4 or~~ App 2 Low |
|---|---|---|---|---|
| Flue flow test satisfactory (Yes/No/NA) | NA | NA | NA | NA |
| Spillage test satisfactory (Yes/No/NA) | YES | YES | YES | YES |
| Air/Gas switch operating correctly (Yes/No/NA) | NA | NA | NA | NA |
| Flame proving devices operating correctly (Yes/No/NA) | YES | YES | YES | YES |
| Burner lock out time (seconds) | | | | |
| Temperature and limit thermostats operating correctly (Yes/No) | YES | YES | YES | YES |
| Heat net input rating data (kW) | 36 | 12 | 56 | 12 |

| | ~~App 1 or~~ App 1 High | ~~App 2 or~~ App 1 Low | ~~App 3 or~~ App 2 High | ~~App 4 or~~ App 2 Low |
|---|---|---|---|---|
| Gas burner pressure (mbar) or heat input kW/h required | 18 | 18 | 18 | 18 |
| Gas burner pressure (mbar) or heat input kW/h measured | 20 | 21 | 20 | 21 |
| Gas rating measured (kW/h / NA) Gross | 30.4 | 6.62 | 30.4 | 6.62 |
| Air/gas ratio control setting (%/NA) | NA | NA | NA | NA |
| Net flue gas temperature (gross less ambient) (°C) | 47.8 | 35.3 | 45.3 | 33.6 |
| Oxygen ($O_2$ %) | 5.9 | 6.4 | 5.8 | 6.2 |
| Carbon Monoxide (CO)(ppm) | 46 | 6 | 57 | 32 |

| | ~~App 1 or~~ App 1 High | ~~App 2 or~~ App 1 Low | ~~App 3 or~~ App 2 High | ~~App 4 or~~ App 2 Low |
|---|---|---|---|---|
| Carbon Dioxide ($CO_2$) (%) | 8.6 | 8.3 | 8.7 | 8.4 |
| Excess Air (%) | 38.8 | 43.6 | 37.6 | 33.6 |
| CO/$CO_2$ Ratio | 0.0006 | 0.0000 | 0.0007 | 0.0004 |
| Gross Efficiency (%) | 101.3 | 106.7 | 102.6 | 107.3 |
| CO flue dilution (ppm) | NA | NA | NA | NA |
| Standing pressure (mbar) | 24 | 24 | 24 | 24 |
| Working pressure (mbar) | 20 | 21 | 20 | 21 |
| **Is appliance safe for use (Yes/No)** | YES | | YES | |
| Has a warning advice notice been raised (No or Warning notice Ser No or No's) | NO. | | | |
| Test instrument | KANE. | | | |
| Test instrument serial number | | | | |

| | |
|---|---|
| Worksheet No (if used) | |
| Checked by (office use) | |
| Entered on database | |

**Declaration of gas safety** - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and use) regulations, standards and procedures.

| | |
|---|---|
| Date | |
| Signature | |

Distribution: White - Customer, Yellow - Service Centre, Pink - Site, Green - Engineer